



H1N1 Influenza Consent Form for Children

I have read the information about the H1N1 influenza virus and vaccine. I believe I understand the benefits and risks of H1N1 influenza vaccine and request the vaccine be given to the child named below for whom I am authorized to make this request.

INFORMATION ABOUT THE CHILD TO RECEIVE THE VACCINE:

Child's Name: _____

Street Address: _____

City, State, Zip _____

Child's Date of Birth _____ Child's Age _____

Does your child have an allergy to eggs? _____ Yes _____ No

Parent/Guardian Name: _____

Parent/Guardian Telephone: _____

I understand and authorize the Winnebago County Health Department to document the information, in a central registry, to track vaccine administration and provide accountability records to the proper governmental agency. All records are maintained confidentially and in accordance with HIPAA.

X Parent/Guardian signature _____

A copy of the "Joint Notice of Privacy Practices" for the Winnebago County Health Department is available in the office of the school your child attends.

No, thanks, I prefer not to vaccinate my child at this time.

X Parent/Guardian signature _____

For Clinic Use

Immunization #1

Immunization #2 (if needed-ages 6mos.- 9 years)

DATE _____

DATE _____

Mfgr. _____

Mfgr. _____

Lot # _____ Exp. Date _____

Lot # _____ Exp. Date _____

Site of Injection: LA LL RA RL

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